

VEHICLE SELF INSURANCE (VSI)
WINDSHIELD REPLACEMENT REQUEST

CAP Charter/Name

THRU: _____
CAP Wing LO / LNCO Signature

TO: HQ CAP-USAF/LGT

Vehicle Wing ID Number: _____ Date: _____

Point of Contact for Questions (Print Clearly) Number of Pages: _____

Name: _____ Phone: _____

Title: _____ Fax: _____

Purpose: Windshield Replacement Control Number: _____

REMARKS:

Wing/Region Commander (*or designated alternate*) Signature

After completion of form fax to CAP Wing LO/LNCO who will in-turn fax to
HQ CAP-USAF/LGT for processing